

Spencer East Brookfield Regional School District

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Superintendent of Schools: N. Tracy Crowe, Ed.D.

CORI REQUEST FORM SEBRS CG385 G

a criminal record check will be conducted for cor	, at, I understant bservation, teacher, coach, etc.) (school name) viction, non-conviction, and pending criminal case information only; a tion below is correct to the best of my knowledge.
Signature	 Date

Last Name:	First Name, Middle Initial:
Maiden Name or Alias (if applicable):	
Date of Birth:	ID Theft Index Pin:*
Social Security # (last 6 digits only):	Mother's Maiden Name:
Current Address:	Former Address, if current address is less than 3 years:
Sex:	Height:
Weight:	Eye Color:
Driver's License #	State Issued:
*The CHSB Identity Theft Index PIN number is to be con	de a copy of your driver's license**** Inpleted by those applicants that have been issued an Identity Theft Index PIN ovide all applicants the opportunity to include this information to ensure the